

**Kentucky Division of Compliance Assistance
Certification and Licensing Branch
Operator Certification Program
300 Fair Oaks Ln.
Frankfort, KY 40601**

Continuing Education Activity Report

Division of Compliance Assistance's Assigned Course Number: _____

Course Title: _____

Course Location: _____ Date(s): _____

Course Sponsor's Name and Phone Number: _____

Participants' Information (Operator certificates contain identification information requested below.):

Agency Interest Number	Operator's Name (as shown on certification)	* Operator's Certification Number(s) (where credit is to be applied)		Continuing Education Credit Earned (to be completed by sponsor)
		DW (Distribution, Treatment, and Bottled Water)	WW (Collection and Treatment)	** Continuing Education Hours Earned

* Provide certification numbers for Drinking Water Treatment, Drinking Water Distribution, Bottled Water, Wastewater Treatment or Collection System.

** Calculate Continuing Education Hours as approved by the Division of Compliance Assistance.

As sponsor of the training completed by the operators listed above, I certify it was conducted and participants performed according to conditions approved by the Kentucky Certification Boards. I understand that submission of false information could result in expiration of an operator's certification due to noncredit and might be cause for non-approval of subsequent training requests. Further, falsification of a cabinet document could result in legal penalties per KRS 223.991 and/or 224.99-010.

Sponsor Contact Name (printed): _____

Sponsor Contact Person's Signature and Date: _____

DUPLICATE AS NEEDED

